



## *Vietnam Veterans of America*

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*A Not-For-Profit Veterans Service Organization Chartered by the United States Congress*

# Statement for the Record Of Vietnam Veterans of America

Regarding

Resources Committed and Actions Taken  
To Identify and Treat Post-Traumatic Stress Disorder  
In Currently and Recently Deployed Troops

Submitted by

Thomas H. Corey, National President

And

Thomas Berger, Chairman,  
VVA National PTSD & Substance Abuse Committee

Before The

House of Representatives Committee on Veterans' Affairs

July 27, 2005

Chairman Buyer and distinguished members of the House Committee on Veterans' Affairs, Vietnam Veterans of America thank you for the opportunity to present for the record our views on the current state of readiness by the Departments of Veterans Affairs and Defense to deal with post-traumatic stress disorder in deployed and recently returned service members.

In brief, we do not believe that either Departments are doing nearly enough to combat this mentally crippling malady.

There can be no doubt that the combat experiences of veterans can and often do cause mental health injuries that can be just as debilitating as physical wounds. If left untreated, post-traumatic stress disorder and other psychological traumas can affect combat veterans to the point that, over time, even their daily functions become seriously impaired. This places them at higher risk for self-medication and abuse with alcohol and drugs, domestic violence, unemployment, homelessness, and even suicide.

No one really knows how many of our troops in Iraq and Afghanistan have been or will be affected by their wartime experiences; despite the early intervention by psychological personnel, no one really knows how serious their emotional and mental problems will become. A study published in the July 2004 issue of the *New England Journal of Medicine (NEJM)* reported that one in six soldiers and Marines surveyed after returning from deployment in Iraq "met the screening criteria for major depression, generalized anxiety, or post-traumatic stress disorder." The authors took pains to note that these numbers may understate the prevalence of these disorders. VVA has no reason to believe that the rate of veterans of this war having their lives significantly disrupted at some point in their lifetime by PTSD will be any less than the 37 percent estimated for Vietnam veterans by the National Vietnam Veterans Readjustment Study (NVVRS) conducted some 20 years ago.

We offer some comments specific to the mental health assistance currently being offered by these two departments.

- First, some praise for officials of both departments who recognize the need for early intervention.

DoD is "embedding" psychologists with units that regularly experience the trauma of combat and loss. This is to be praised. And the VA, after some prodding, has said that it is stationing personnel on military bases to aid returning troops in understanding the services – including mental health services – that are available to them when they reenter civilian life. Still, there seems to be real resistance by some to acknowledging that soldiers suffer emotional hurts by their war experiences.

- DoD 's two-page, fill-in-the-bubble Post-Deployment Health Assessment form lists only five questions that address mental health, including "Did you ever feel

you were in great danger of being killed?” This is hardly a useful mental health assessment tool.

VVA, along with the National Gulf War Resource Center (NGWRC) met with Assistant Secretary of Defense for Health Winkenwerder in October of 2003, to discuss the inadequacies of the pre-deployment medical exam and the post-deployment medical examination, particularly the so-called mental health assessment. We made all of the following points to him, yet he refused to even consider changes in the way those assessments were being conducted.

Soldiers have little incentive to tell the truth because an admission of emotional issues could delay discharge or reunification with family. Unless a soldier asks for help, there's a good chance that s/he will never receive it. Although post-war emotional problems are more widely understood than ever before, only a third of troubled Iraq veterans seek care. And some 65 percent of troops with problems say they worry that if they ask for help, they'll appear "weak."

- Another barrier to seeking help is veterans' fears that personal mental health information will become part of their permanent personnel file and keep them from being promoted in the future.

Such concerns are not unfounded. DoD's Program Manager for Operational Stress and Deployment Mental Health is on record as having stated that "If you have a health concern that's going to prevent you from deploying again and carrying out your job - from firing a rifle, for instance - we want to know about that." One officer with whom we spoke laughed when we told him that we had been assured by top officials in the Army that there is no longer any stigma attached to returning troops who seek psychological counseling. "A lot of my colleagues seek assistance privately," he told us, "because if they go through military channels their careers are toast."

- While U.S. casualties steadily mount in Iraq, another emotional toll is rising rapidly on the home front.

Evidence overwhelmingly supports the need for early intervention and treatment of PTSD and related mental health disorders not only for active duty troops and veterans but for their families as well. The difficulties and strains of return can be surprisingly and sometimes painfully disappointing to military families.

The divorce rate for military families has soared in the past three years, most notably for officers, as longer and more frequent war zone deployments place extra strains on couples. Between 2001 and 2004, divorces among active-duty Army officers and enlisted personnel nearly doubled, from 5,658 to 10,477, even though total troop strength remained stable. In 2002, the divorce rate among married officers was 1.9 percent - 1,060 divorces out of 54,542 marriages; by 2004, the rate had tripled to 6 percent, with 3,325 divorces out of 55,550 marriages.

The effects of these neuro-psychiatric wounds will emerge in some fashion. If there is no proper treatment, then the effects will manifest themselves negatively toward those closest to the soldier, which means family and close friends. This makes it even more important for proper treatment to be offered in a manner that people will accept it, that families may be spared needless emotional and sometimes physical violence.

It is the primary VA structure itself that is teetering because of reductions in staff and other key organizational capacity in general, and mental health staff in particular, since 1996. Even the \$100 million committed by Undersecretary for Health Dr. Jonathan Perlin at VA this year will not even come close to restoring the needed organizational capacity. Further, the Special Advisory Committee on Seriously Mentally Ill veterans for the past two years languish unheeded and not implemented. If there is to be a serious commitment to meeting the mental health needs of these new veterans, then action needs to be taken to swiftly implement these recommendations, and to restoring staffing levels for PTSD and other service related mental injuries.

Communities, too, need to understand this, particularly in the case of returning members of the National Guard and the Reserves. Many of these men and women cannot be expected to reintegrate into their communities without access to appropriate mental health support services akin to the support that should be afforded to active-duty troops at military facilities. The Vet Centers, operated by the VA Readjustment Counseling Service (RCS), must obviously be a key player in this response. The Vet Centers have the legal authority to serve the families of veterans (including returning National Guard & Reserve troops), as well as the acumen to serve a population that is leery of going anywhere near a traditional medical facility, whether run by the VA or by DoD.

The Vet Center program is the most studied program of the VA, and every study, by the Government Accountability Office and others, has found that it is the most cost-effective, cost-efficient program operated by the VA. An investment of a mere additional \$17 million in the Vet Centers would buy one full-time family counselor skilled in family counseling, grief counseling, and PTSD counseling in each of the 206 centers, as well as an additional 40 staff members to augment the staff at centers near clusters of the returning veteran population to meet their needs. Vet Centers help keep veterans employed, and help keep their families healthy and together.

Further, it is imperative that DoD, VA, and relevant state officials must do a far better job of coordinating the provision of appropriate mental health programs and services for returning National Guard members and Reserve troops and their families.

- Preliminary research indicates that women who serve in Iraq and Afghanistan are more likely to suffer from PTSD than their male counterparts.

Although no one has firm statistics on the rates of PTSD for women vets, preliminary data gathered by the VA) suggest that women are not only afflicted by PTSD more often than men, but that their PTSD may be worse. Twenty years ago, only about 2 percent of the patients at VA hospitals and clinics were women. Today they account for 14 percent of patients, and as a result the VA is scrambling to handle the growing number of female patients with both physical and mental scars.

- Other challenges remain in meeting the needs of reserve and National Guard service members

Despite the actions under way or planned to improve TAP, challenges remain -- particularly in designing transition services that better accommodate the schedules of demobilizing Reserve and National Guard service members. For example, staff who provide transition assistance may not know when Reserve and National Guard units are returning for demobilization, because national security concerns prevent the release of information on the movement of large numbers of service members. Moreover, the time schedules for demobilization vary by service and demobilization site. Commanders are challenged with trying to balance demobilizing some units while at the same time mobilizing others. They also must balance getting Reserve and National Guard members back to their families as quickly as possible with the extra time needed for transition assistance.

During their rapid demobilization, Reserve and National Guard members often do not receive all the information on possible benefits to which they are entitled. Notably, certain education benefits and medical coverage require service members to apply while they are still on active duty. However, even after being briefed, some Reserve and National Guard members do not know that they needed to apply for certain benefits while still on active duty.

Vietnam Veterans of America applauds the Committee for your obvious concern about the mental health of our troops and their families. VVA cautions, however, that providing the appropriate services to assist these women and men as they transition either back to stateside duty or to civilian life requires both an understanding of the stresses and stressors to which they have been exposed -- and the willingness to commit the resources necessary to help these veterans cope. It is our hope that these resources will be made available.

Thank you.

**VIETNAM VETERANS OF AMERICA**  
**Funding Statement**  
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The national organization Vietnam Veterans of America (VVA) is a non-profit veterans membership organization registered as a 501(c)(19) with the Internal Revenue Service. VVA is also appropriately registered with the Secretary of the Senate and the Clerk of the House of Representatives in compliance with the Lobbying Disclosure Act of 1995.

VVA is not currently in receipt of any federal grant or contract, other than the routine allocation of office space and associated resources in VA Regional Offices for outreach and direct services through its Veterans Benefits Program (Service Representatives). This is also true of the previous two fiscal years.

For Further Information, Contact:

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*Thomas H. Corey*

Tom Corey serves as President of Vietnam Veterans of America, the nation's only congressionally chartered organization exclusively serving the needs of Vietnam-era veterans and their families.

A native of Detroit, Corey entered the U.S. Army and was sent to Vietnam in May 1967 where he served as a squad leader with the 1<sup>st</sup> Air Cavalry Division. While engaged in an assault against enemy positions on January 31, 1968, he received an enemy round in the neck, which hit his spinal cord and left him paralyzed and a quadriplegic. He was medically retired in May 1968. Corey is a decorated combat veteran.

After an extended hospitalization, Corey returned to his family in Detroit where he spent his time in and out of the local VA hospital. He relocated to West Palm Beach, Florida, in 1972, where he is involved in community affairs and serves on many advisory boards, including those at the VA Medical Centers in Miami and West Palm Beach, the VA Research Foundation of Palm Beaches, and the VSIN 8 Management Assistance Council. He has received numerous awards for speaking out on veterans' and disabled persons' rights.

Corey has returned to Vietnam numerous times regarding our POW/MIAs and Agent Orange issues with successful results.

Corey was the first recipient of the Vietnam Veterans of America's Commendation Medal, VVA's highest award for service to veterans, their families, and the community.

Corey was the founding President of VVA Palm Beach County Chapter 25 in 1981. In 1991, the chapter was named the Thomas H. Corey Chapter at its tenth anniversary celebration. In 1985, he was elected to VVA's National Board of Directors. In 1987, he was elected VVA's national Secretary and was re-elected in 1989, 1991, 1993, and 1995 to that position. In 1997, he was elected VVA's national Vice President through 1999; in 2001 he was elected VVA President and was re-elected in 2003.

Corey is a member of the Paralyzed Veterans of America, Military Order of the Purple Heart Association, Disabled American Veterans, American Legion, Veterans of Foreign War, 1st Cavalry Association, and the National Association of Uniformed Services.

Tom Corey resides in West Palm Beach, Florida. He has a son Brian, and a daughter, Trang.